								ĺ	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR													
Effective October 1, 2000								09/780650					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN	
To	OTAL CLAIMS		(Colum	n 1)	(Column 2)			TYPE		OR	SMALL	ENTITY	
			25					RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			4/ minus 20=		21		. [	X\$ 9=	189	OR	X\$18=		
INDEPENDENT CLAIMS			(2) minus 3 =		. 9			X40=	360	OR	X80=	i	
MULTIPLE DEPENDENT CLAIM PRESENT							ı	. 105	100	1			
- 11	* If the difference in column 1 is less than zero, enter "0" in column 2							+135=	135	OR	+270=		
·								TOTAL	904	OR	TOTAL		
	11-9-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	OR	OTHER SMALL		
V		CLAIMS REMAINING		HIGH	EST	PRESENT	Г		ADDI-	7		ADDI-	
M		AFTER AMENDMENT		PREVIO	USLY	EXTRA	Ì	RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	. 14	Minus	4		= \		<b>X</b> \$ 9=	, ree		X\$18 <sub>=</sub>	FEE	
	Independent	. 9	Minus	<del>                                     </del>	<del>2</del>	=	ŀ	<del>-\-</del>	<del> </del>	OR	<b></b>		
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X40=	<u> </u>	OR	X80=		
26,27, 32, 34, 36, 38, 39, 40, 43								+135=		OR	+270=		
							Al	TOTAL		OR	TOTAL ADDIT, FEE		
<del></del> -		(Column 1)	<b>.</b>	(Colun		(Column 3)				•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME	BER	PRESENT EXTRA		RATE	ADDI-		RATE	ADDI-	
				PREVIO PAID F					TIONAL FEE	ŀ		TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X40=			X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM		$\vdash$			OR	700-		
					•		L	+135=		OR	+270=		
							AC	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)	·	(Colum		(Column 3)							
NEN L		CLAIMS REMAINING		HIGHE NUMB	ER USLY	PRESENT EXTRA	Γ	RATE	ADDI-		RATE	ADDI-	
		AFTER AMENDMENT		PREVIO			1		TIONAL FEE			TIONAL FEE	
	Total	•	Minus .	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	$\vdash$	X40=		ŀ		<del></del>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A40=		OR	X80=		
* If the entry in column 1 is loca than the auto-ta-a-turn 2 to see								⊦135 <b>=</b>		OR	+270=		
** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
T	i ure i riignest Nur he "Highest Num	nber Previously Pa ber Previously Paid	iciror in THI For (Total or	S SPACE is Independer	ress thar nt) is the	n 3, enter "3." highest number		DIT. FEE   I in the ap	propriate box				
												1	